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Risk, Resiliency, and Coping in National Guard Families

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14. ABSTRACT National Guard families face unique challenges and stressors because of distance from military supports. The <i>Risk, Resiliency, and Coping in National Guard Families</i> study aims to address key gaps in our understanding of the effects of deployment on family functioning, especially as it relates to resiliency. We set out to collect both quantitative survey data and qualitative interview data from one infantry battalion through the deployment cycle at multiple time points, including predeployment, postdeployment, and for two years after return from deployment. To date, we have collected predeployment (Time 1) and postdeployment (Time 2) survey data from service members and their spouse/significant other or parent, and are in the process of collecting Time 3 data. We have collected Time 1 Qualitative data from 40 families to understand more fully the family strengths and resources utilized in successful adaptation to deployment and reintegration stress. We have collected a total of 896 post-deployment surveys and are integrating this data with pre-deployment data and running analyses that will be a focus during year two of the project. Study team members aim to expedite the analysis and dissemination of study findings so that collaboratively military and community partners can promote resilient military families.					
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INTRODUCTION:

The research study that is the focus of this report is titled *Risk, Resiliency, and Coping in National Guard Families*. In this study we are following one National Guard infantry/cavalry battalion through the deployment cycle and for two years after return home. This battalion deployed in 2012 to Afghanistan on a dangerous war time mission. Through both quantitative and qualitative methods we examine the interdependence and mutual influence of family processes as they relate to coping with a stressful deployment. We collect data from both soldiers and their spouses, and where possible from parents of soldiers. The study team is examining risk and resilience factors for various family types (couples, families with children, single service members with and without parental support, single service members with children, and blended families).

BODY:

In this section, each research accomplishment associated with each MSU task outlined in the approved Statement of Work will be described in detail. They will be described under each task heading.

Task 1. Contractual agreements signed (timeframe, months 1-3).

The contract between MSU and CDMRP was signed. The subcontracts with University of Michigan (Michelle Kees, Marcia Valenstein) and Virginia Tech (Angela Huebner) were also signed. There was a slight delay in the signing of the contract with the University of Michigan due to a budget revision. The budget revision was necessitated due to the need to add Dr. Marcia Valenstein onto the list of co-investigators. She had erroneously been left off the original proposal submission. A data use agreement was drafted as an agreement between the respective institutions. All personnel who work at MSU were hired for the project including the data manager and a project manager.

Task 2. Regulatory review and approval processes for studies involving human subjects (timeframe, months 1-6).

All IRB applications were submitted to the relevant IRB offices including Michigan State University, the University of Michigan, and Virginia Tech. These were all approved after which time these applications were submitted to the HRPO office for review and approval which was granted for all sites. We continued to monitor all study activities according to approved protocol. There were no adverse events. MSU has just received IRB renewal approval and we will submit to HRPO for approval. Virginia Tech has already received approvals for year two from local IRB and HRPO. The University of Michigan is in the process of obtaining IRB renewal approval.

Task 3. SharePoint site for project management and document sharing among project staff from partnering universities was set up by MPHI (Partnering PI Institution).

Task 4. Grant reporting requirements

Worked collaboratively with partnering PI to prepare and submit quarterly report to USAMRMC. Worked collaboratively with partnering PI (Lisa Gorman) to submit annual report.

Task 5. Quantitative data collection as it relates to objective 1 (timeframe, months 3-34)

Because the battalion that is the focus of this study returned early from deployment, we were under a tight timeline. Data collection for wave 2 was completed at two events at the end of 2012 and one event in January 2013 after HRPO approval. These collections took place at conference sites of MI ARNG Yellow Ribbon Reintegration events. A total of 608 soldiers, 332 spouses, and 54 parents completed the second wave. There are 285 linked couples in this sample. We followed up by mail with parents and spouses who were not present at the event but whose names were provided by the service members completing the survey. There were 18 nominated spouses and we received 5 back in the mail and 15 nominated parents and received 10 back in the mail. We have commenced wave 3 data collection and have completed half of this collection at this point. Service members are notified at a drill weekend and they complete the survey either in person or online. The other half of the battalion will be notified of the third wave of the survey on November 3, 2013. The quantitative surveys are included in Appendix A.

Task 6. Data management activities that relate to Objective 1

Data entry and management activities related to year 1 of the study revolved around the data entry of Time 2 paper surveys, data cleaning, and initial data analysis. This was a large task especially given the need to also clean, match, and link data collected as part of the predeployment (not funded by this grant) in order to have one data set containing the respective waves. Data entry has gone well and all surveys have been entered into our secure data base. Data cleaning is mostly completed with some outstanding variables that are in the process of being cleaned. Initial analyses of data have occurred and the team is working on first publications from these data.

Task 7. Data collection activities that relate to Objective 2 – qualitative interviews (months 3-34)

Objective 2 involves interviewing 30 families from the sample. We finalized and field tested the interview guide. We oversampled in the first wave of qualitative collection in order to account for possible attrition in follow up waves. We selected 40 of these families and completed interviews with them. These included mostly couples, some parents, and some single soldiers. We were intentional in targeting for enrollment families representing unique experiences as well as parents. Parents were more difficult to enroll as service members were not always willing to provide their contact

information. Ideally we would have liked to interview more parents and for wave 2 we will continue to enroll more parents of service members. 40 interviews were completed throughout the state of Michigan including 31 couples, 7 singles, and 2 parents. Interview guide is attached in Appendix B. As we prepare for the next wave of qualitative collection in the spring of 2014, we will review and if necessary, revise the interview guide.

Task 8. Data management activities that relate to Objective 2 – qualitative interviews, transcripts, etc. (months 4-36)

All interviews were recorded and transcribed by MPHI. A first round of data coding was completed by the study team using Atlas ti software. This entailed agreement on a coding process followed by the study team splitting into two groups with each group analyzing interviews independently followed by discussion of areas of agreement and discrepancy. Second round analyses are underway with a focus on publications.

Task 9. Utilize findings in theory development (months 30-36)

Theory development will occur throughout the process but formalized theory development is not planned until the last 6 months of the project.

Task 10. Activities that relate to dissemination (months 12-36)

The statement of work requires dissemination efforts in months 12-36. However, even though we were still in year 1, we did have opportunities to disseminate work on family resiliency. Dr. Adrian Blow presented at the APA Convention on the topic of Parallel Sustained Stress for Couples and the Challenge of Reconnection Post Deployment (Appendix C). Dr. Blow (MSU) and Dr. Gorman (MPHI) presented updates to the Maj. Gen. Gregory Vadnais, The Adjutant General of the Michigan National Guard and his staff; COL Greg Durkac, COL Mary Jones, LTC Jefferey Connell, 1LT Stephanie Boltrick, CW4 Jeannie O'Dell, CSM Daniel Lincoln, and CSM Daniel Lincoln. The purpose of the presentation was to update the military community on the progress of the current study in the context of previous collaborative efforts, share updates on how research from the collaborative has been utilized to benefit the military community, and begin discussion about how to collaborate with the Michigan National Guard to utilize emerging findings to promote resilient military families. This presentation can be found in Appendix D. Dr Blow did numerous other national, state, and local presentations on military families and resiliency although none specifically focused on dissemination of study findings. Finally, Appendix E contains the report to the MOMRP meeting that was cancelled because of the government shutdown.

Key Research Accomplishments:

- IRB and HRPO approval and compliance.

- Creation of the secure online database and survey tool.
- Completion of Time 1 and 2 quantitative data collection (608 Service Members, 332 Spouses, and 54 parents completing surveys for time 2).
- All raw data entered for Time 1 and Time 2 with data cleaning and management progressing.
- Completion of 40 family interviews for Time 1 data collection.
- All 40 family interviews transcribed, master codebook established, with first round of qualitative data coded and second round (with aim of publication) progressing.
- Dissemination activities initiated ahead of schedule.

Reportable Outcomes:

National Presentations:

- American Psychological Association 2013 Symposium. *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. (24 July 2013). Presented as a part of a larger symposium.

MacDermid-Wadsworth, S., Willerton, E., Blow, A. J., Kees, M., Gorman, L., Lester, P., & Riggs, D. (2013). Beyond the Emotional Cycle of Deployment: Deeper Understanding of Family Reintegration. American Psychological Association Annual Conference.

- Blow, A. J., & Jarman, C. (2013). *Building Resiliency in Military Children and Families*. Workshop presented at the American Association for Marriage and Family Therapy Annual Conference. Portland, Oregon.
- Shore, P., Curry, J. F., Sornborger, J., Alford, J., DeVoe, E., Kees, M., Atkins, M., Valenstein, M., Blow, A. J., & Gorman, L. (2013). *Models for Supporting Military Families in the Community*. American Psychological Association Annual Conference.

State & Local presentations:

- Presentation to the Adjutant General and staff of Michigan National Guard (13 August 2013)

CONCLUSION: *Risk, Resiliency, and Coping with National Guard Families* has completed the first year of the project timeline ahead of schedule. We are well positioned in terms of data analysis and dissemination of the first phase of study findings. While we do not have any formal results at this point in the study (analyses only to be complete in years 2 and 3 per Statement of Work), we have made significant progress in completing all of the required tasks to date. Data collection, for the most, has gone very well, especially given that this is a population that is not always easy to study. The biggest challenge has been enrolling sufficient numbers of

parents of single service members into the study. This is because these parents do not attend Yellow Ribbon events in large numbers and some service members seem reluctant to involve their parents. We anticipate that we will have some interesting findings based on our initial analyses of data. Our preliminary analyses suggest that service members and spouses within this sample report similar levels of PTSD, depression, substance abuse, and suicidal ideation as service members and spouses in other published post-deployment studies. For the first time, the study team has collected predeployment and post-deployment assessments on not only the service member but also on their spouse/significant other and a small sample of parents of service members. Analyses are yet to be done to determine if depression and not PTSD is the predicting factor for couple readjustment when we factor in predeployment health status. Further, preliminary findings in the qualitative data analysis suggest that National Guard families are deeply impacted by the lack of understanding from their civilian counterparts in the communities where they reside. These preliminary impressions also suggest that couples do better when they are able to maintain some connection through the deployment, reconnect post-deployment, and make an intentional plan for reintegration.

REFERENCES:

References:

1. Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.
2. Blow, A., Gorman, L. (August 2013). Report to National Guard. Presentation at Michigan National Guard Headquarters. Lansing, MI.

Appendices:

- A. Quantitative Surveys
- B. Qualitative Interview Guides
- C. American Psychological Association presentation
- D. Report Presentation to Michigan National Guard

APPENDIX A

QUANTITATIVE SURVEYS

Michigan Army National Guard Post-Deployment Survey Service Member

In the next pages, we ask a number of questions about your life and experiences. Your answers will be important to helping us understand what issues military service members face prior to a deployment and the areas of pre-deployment programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

Question	Answer	1 st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> <u>P</u> <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> <u>L</u> <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1 st 3 letters/#s of your answer
What is your mother's maiden name?		____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		____
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		____

3. Write the first 3 letters/#s from each of your above answers _ _ _ _ _ _ _ _ _
This is your personal code.

DETACH THIS PAGE FROM THE SURVEY
Participant to keep this page.

Michigan Army National Guard Post-Deployment Survey Service Member

Please write your personal code from the previous page: _ _ _ _ _

1. **DEMOGRAPHICS** (Please mark the box that best applies to you at the time of this survey completion.)

Age:	Gender:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000
<input type="checkbox"/> 22-24	<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000
<input type="checkbox"/> 25-30		<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> 41-50		<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate degree	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Over 50		<input type="checkbox"/> Widowed	<input type="checkbox"/> Asian American	<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Single	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Graduate degree	
		<input type="checkbox"/> Other	<input type="checkbox"/> Other		

Who do you currently live with? (check all that apply) :	I am a member of:	Current Rank or Rank at last discharge:	Other Military Service (check all that apply):	Years non-Guard Military Service:
<input type="checkbox"/> Alone	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> E1-E4	<input type="checkbox"/> Only in National Guard	<input type="checkbox"/> 4 years or less
<input type="checkbox"/> Spouse/ significant other	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> E5-E6	<input type="checkbox"/> Other Reserve Service	<input type="checkbox"/> 5-10 years
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Other _____	<input type="checkbox"/> E7-E9	_____ (list which Reserve Service)	<input type="checkbox"/> 11-20 years
<input type="checkbox"/> Parent(s)	Years in National Guard:	<input type="checkbox"/> 01-03	<input type="checkbox"/> Army (Active component)	<input type="checkbox"/> Over 20 years
<input type="checkbox"/> Sibling(s)	<input type="checkbox"/> 0-4 years	<input type="checkbox"/> 04-09	<input type="checkbox"/> Marines (Active component)	
<input type="checkbox"/> Other relative	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> W01-5	<input type="checkbox"/> Air Force (Active component)	
<input type="checkbox"/> Roommate	<input type="checkbox"/> 11-20 years		<input type="checkbox"/> Navy (Active component)	
	<input type="checkbox"/> Over 20 years		<input type="checkbox"/> Coast Guard (Active component)	

2. **EMPLOYMENT** (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Full-time permanent position with AGR | <input type="checkbox"/> A student |
| <input type="checkbox"/> Part-time, temporary military work (M-day or ADOS) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full-time permanent position in community | <input type="checkbox"/> Less than 30% VA disability |
| <input type="checkbox"/> Part-time work in the community | <input type="checkbox"/> More than 30% disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, please specify: _____ |

If you are not working or going to school, check here ☐ and skip to Section 3. Family Relationships.

If you are working or going to school, please complete the following questions:

About how many hours did you work for wages in the past 7 days? _____ Hours

In the past 4 weeks (28 days), how many days (0-28) did you. . .

. . . miss an entire work or school day because of problems with your physical or mental health? _____ Days
(Please include only days missed for your own health, not someone else's health.)

On a scale from 0 to 10 where 0 is the worst job/academic performance and 10 is the top job/academic performance, how would you rate your job/school performance in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Worst Performance												Top Performance
0	1	2	3	4	5	6	7	8	9	10		

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely Unsatisfied												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		

3. FAMILY RELATIONSHIPS. (The questions in this section are about your relationships with extended family. Please mark or circle the answer that best applies to you now.)

Since returning from deployment, approximately how close do you live to your nearest parent? (check one box).

- ☐ We share a residence.
 ☐ We live in the same community close to each other.
 ☐ We live about a one-two hour drive apart.
 ☐ We live a far distance from each other.

During the last 6 months of your deployment, how often did you talk to your parents, siblings, or other extended family?

By voice communication (e.g. Telephone, Skype audio)?

Mother	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Father	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Sibling	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Other family	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never

In person?

Mother	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Father	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Sibling	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Other family	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never

By email/text message/instant messaging?

Mother	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Father	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Sibling	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Other family	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never

Through Video Communication (e.g., Skype video, video conferencing)?

Mother	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Father	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Sibling	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never
Other family	Daily	2-3x/week	Weekly	2-3x/month	Monthly	2-3x/Year	Yearly	Never

How would you describe your parents' current relationship? (Please check all that apply.)

- ☐ My parents are married to each other.
 ☐ My mother has remarried.
 ☐ My mother is deceased
- ☐ My parents are divorced.
 ☐ My father has remarried.
 ☐ My father is deceased

How would you describe your relationship with your mother?

Worst Relationship 1 2 3 4 5 6 7 8 9 Best Relationship

How would you describe your relationship with your father?

Worst Relationship 1 2 3 4 5 6 7 8 9 Best Relationship

Do you talk to either of your parents more often than the other?

- ☐ Yes, I talk to my mother more often ☐ Yes, I talk to my father more often ☐ No, I talk to them the same amount

It is easy to talk to my mother because:

OR

I do not talk to my mother because:

- ☐ She and I have some similar experiences
☐ She helps me connect to people who can help me
☐ I know she will keep our conversations confidential
☐ She listens without judging me
☐ Other _____

- ☐ There is no way she can understand my experiences
☐ It feels like she is judging me when I talk about my struggles
☐ She feels I should "man up" and get over it
☐ We don't have the kind of relationship where we talk about personal difficulties
☐ Other _____

It is easy to talk to my father because:

OR

I do not talk to my father because:

- ☐ He and I have some similar experiences
☐ He helps me connect to people who can help me
☐ I know he will keep our conversations confidential
☐ He listens without judging me
☐ Other _____

- ☐ There is no way he can understand my experiences
☐ It feels like he is judging me when I talk about my struggles
☐ He feels I should "man up" and get over it
☐ We don't have the kind of relationship where we talk about personal difficulties
☐ Other _____

If you have siblings, can you talk to one of your siblings about difficult experiences? (if no siblings, leave blank)

Completely
Unable

1

2

3

4

5

6

7

8

9

Can talk about
anything with
siblings

If you can talk to one of your siblings about difficult subjects, how do they help you know that it is ok to talk to them?

- ☐ They offer to listen ☐ They are willing to talk when I ask
☐ They keep our conversations confidential ☐ They know how to help me find additional help if I need it

If a family member contacted you about your current stressors, problems, or mental health concerns, would you rather talk:

- ☐ On the phone ☐ In person ☐ By email or instant messaging ☐ I would rather not talk to them

If you were having emotional difficulties, how often would you want a family member to contact you to make sure things were OK?

- ☐ Daily
☐ Weekly
☐ Once a month
☐ Once every 3 months
☐ Once every 6 months
☐ Once every year
☐ Never

4. SOCIAL SUPPORT (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- ☐ I was thinking primarily about my spouse/significant other
 ☐ I was thinking primarily about one person (not spouse/significant other)
 ☐ I was thinking about several potential supporters

5. **LIFESTYLE.** This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions ask for your opinions about what it is usually like living in your home. For each item, please circle what life is like in your home:

	Not at all true	A little bit true	Somewhat true	Definitely true
a. There is very little commotion in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family can usually find things when we need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family almost always seems to be rushed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family is usually able to stay on top of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. No matter how hard we try, my family always seems to be running late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It's a real zoo in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At home, we can talk to each other without being interrupted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There is often a fuss going on at my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No matter what my family plans, it usually doesn't seem to work out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can't hear myself think in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I often get drawn into other people's argument at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My home is a good place to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The telephone takes up a lot of my family's time at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The atmosphere in my home is calm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. First thing in the day, my family has a regular routine at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions ask about possible life experiences you may have had during the past year. Read each of the events listed below, and place a "1" next to any event which has occurred to you within the past year. If not, place a "0".

- _____ 1. Children with problems
- _____ 2. You began or stopped work
- _____ 3. Conflict with family members
- _____ 4. Change in living situation
- _____ 5. Death of close friend
- _____ 6. Death of close family member
- _____ 7. Illness or injury of close family member
- _____ 8. Change in responsibilities
- _____ 9. Betrayal by family or loved ones
- _____ 10. Cheating partner
- _____ 11. Increase in number of arguments with partner
- _____ 12. Pregnancy
- _____ 13. Childbirth
- _____ 14. Financial concerns/trouble
- _____ 15. Deployment of partner
- _____ 16. Relocation or move
- _____ 17. Marital separation
- _____ 18. Personal injury or illness
- _____ 19. Problem with friends
- _____ 20. Return of partner from deployment
- _____ 21. Other _____

6. DEPLOYMENT EXPERIENCE: This section asks about previous deployment experiences.

The statements below are about your relationships with other members of your unit since you have returned from deployment.
Please answer for your current unit.

Please read each statement and describe how much you agree or disagree by checking the box that best fits your answer.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. My unit is like family to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel a sense of camaraderie between myself and other soldiers in my unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most people in my unit are trustworthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I could go to most people in my unit for help when I have a personal problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My commanding officer(s) are interested in what I think and how I feel about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am impressed by the quality of leadership in my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My superiors make a real attempt to treat me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The commanding officer(s) in my unit are supportive of my efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel like my efforts really count to the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The leadership in my unit supports getting help for reintegration difficulties when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The leadership in my unit supports getting help for emotional symptoms when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Members of my unit understood me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What unit level were you primarily thinking about when you completed the above questions?

Team	Squad	Platoon	Company	Larger Unit	All Unit Levels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your current unit the unit with which you deployed? ☐ YES ☐ NO

1. Since 2001, how many combat or peacekeeping deployments have you completed that lasted more than 30 days? ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more
2. When did you return home from your most recent deployment? _____ Date (Month/Year)
3. How long was your most recent deployment? _____ (Months/Years)
4. During your most recent deployment:

	Never	Seldom	Often	Constantly
a. How many times were you in serious danger of being injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many times did you engage the enemy in a firefight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	
c. Did you know someone who was seriously injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>		
d. Were you directly responsible for the death of an enemy combatant?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Were you wounded or injured during deployment?	<input type="checkbox"/>	<input type="checkbox"/>		
5. What is the most distressing deployment-related event you have ever experienced? (Considering all deployments) Briefly describe the event. If no distressing event occurred to you while on deployments, please indicate NONE here.

6. Approximately what year did it occur?

7. Was this distressing event during deployment the most distressing event you have ever experienced in your life? (Considering your entire life) ☐ YES ☐ NO
8. If no, _could you briefly describe your most distressing life event?

9. Approximately what year did it occur?

In the last 30 days, have you experienced any of the following problems in relation to the most distressing event you just described? (Check the box that is most true for you)

	Not at all	A little bit	Moderately	Quite a bit	All the time
a. Repeated, disturbing memories, thoughts, or images of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated, disturbing dreams of the stressful experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling very upset when something reminded you of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Avoiding activities or situations because they remind you of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering important parts of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Loss of interest in activities that you used to enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling distant or cutoff from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling as if your future somehow will be cut short.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trouble falling or staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling irritable or having angry outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Having difficulty concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Being "super alert" or watchful or on guard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Feeling jumpy or easily startled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered moderately, quite a bit, or all the time to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any injury(ies) during your deployment from any of the following?(Check all that apply)

- ☐ No injuries (*Skip to "Are you currently experiencing any of the following problems that you think might be related to a possible head injury of concussion?"*)
- ☐ Fragment
- ☐ Bullet
- ☐ Vehicular (any type of vehicle, including airplane)
- ☐ Fall
- ☐ Blast (Improvised Explosive Device, RPG, Land mine, Grenade, etc.)
- ☐ Other specify: _____

Did any injury received while you were deployed result in any of the following? (Check all that apply)

- ☐ Being dazed, confused or "seeing stars"
- ☐ Not remembering the injury
- ☐ Losing consciousness (knocked out) for less than a minute
- ☐ Losing consciousness for 1-20 minutes
- ☐ Losing consciousness for longer than 20 minutes
- ☐ Having any symptoms of concussion afterward (such as headache, dizziness, irritability, etc.)
- ☐ Head Injury
- ☐ None of the above

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not experiencing any problems related to head injury | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Other specify: _____ |
| <input type="checkbox"/> Balance Problems | |

7. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you thought about committing suicide in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <u>ever</u> seriously thought about committing suicide?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attempted suicide in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <u>ever</u> attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a veteran in emotional distress?

Please call 1-800-273-TALK and press 1 to be routed to the VA Crisis Hotline.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
a. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ALCOHOL USE

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
a. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to next section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes, but not in the last year	Yes, during the last year
i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. COPING. These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. MENTAL HEALTH SERVICES USE

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:

	No	Yes, in the last year	Yes, but more than a year ago
a. Mental health professional at a VA facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. General medical doctor at a VA facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mental health professional at a military facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. General medical doctor at a military facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Military chaplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health professional at a civilian facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. General medical doctor at a civilian facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Civilian clergy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Military OneSource Referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. VetCenter Readjustment Counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. TRICARE Referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Military Family Life Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other _____		<input type="checkbox"/>	<input type="checkbox"/>

If you used services in the last 12 months, what types of services did you receive? (Check all that apply)

Medication	Individual Therapy	Group Therapy	Substance Abuse Treatment	Family/Marital Therapy	Other	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Please describe: _____	<input type="checkbox"/>

How satisfied were you with any mental health services you received in the last 12 months?

Very unsatisfied	Somewhat unsatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't know where to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't have adequate transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is difficult to schedule an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There would be difficulty getting time off work for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health care costs too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It might harm my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It would be too embarrassing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would be seen as weak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental health care doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Members of my unit might have less confidence in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My unit leadership might treat me differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My leaders would blame me for the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I don't want it to appear on my military records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. There are no providers in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I would have to drive great distances to receive high quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

12. **PARENTING.** This next section asks about children and parenting. If you do not have children, your survey is complete.

- | | |
|---|---|
| <p>1. Do you have children?
<input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, your survey is complete.)</p> <p>2. Are you a stepparent?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. How many children under age 18 live in your home?
_____</p> <p>4. What are the ages of your children? _____
_____</p> | <p>5. Are you a single parent?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Did you experience the birth of a child during this most recent deployment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Do you have a special needs child?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. If you have a special needs child, please explain: _____
_____</p> |
|---|---|

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

☐ YES ☐ NO ☐ Not Applicable

If yes, how much stress has this caused?

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing?

Ongoing 1 2 3 4 5 6 7 8 9 Completely resolved

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am happy in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel close to my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy spending time with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The major source of stress in my life is my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having a child(ren) has been a financial burden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
l. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am satisfied as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I find my child(ren) enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, please end.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (No questionnaire for this child)
 How many of your children are between 12-35 months old? _____ (Complete that # of Young Child Questionnaires)
 How many of your children are between 3 -17 years old? _____ (Complete that # of Older Child Questionnaires)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months _____ Child's Sex: Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years _____

Child's Sex: Male

Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR SERVICE.
--

Michigan Army National Guard Post-Deployment Survey Spouse/Significant Other

In the next pages, we ask a number of questions about your life and your family's experiences. Your answers will be important to helping us understand the issues military service members and their families face prior to a deployment and what areas of pre-deployment programming might be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters in your answers to a series of questions.

For example:

Question	Answer	1 st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> <u>P</u> <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> <u>L</u> <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1 st 3 letters/#s of your answer
What is your mother's maiden name?		____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		____
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		____

3. Write the first 3 letters/#s from each of your above answers _ _ _ _ _ _ _ _ _
This is your personal code.

DETACH THIS PAGE FROM THE SURVEY
Participant to keep this page.

Michigan Army National Guard Post-Deployment Survey Spouse/Significant Other

Please write the SERVICE MEMBER'S personal code

Please write your personal code (from previous page)

1. DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

- ☐ I am the spouse/significant other of a MI National Guard Member
- ☐ My spouse/significant other and I are both MI National Guard Members.

Age:	Gender:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000
<input type="checkbox"/> 22-24	<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000
<input type="checkbox"/> 25-30		<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> 41-50		<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate degree	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Over 50		<input type="checkbox"/> Widowed	<input type="checkbox"/> Asian American	<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Single	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Graduate degree	
		<input type="checkbox"/> Other	<input type="checkbox"/> Other		

Since 2001, how many combat or peacekeeping deployments has your spouse/significant other completed that lasted more than 30 days? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

When did he/she return home from the most recent deployment? _____ Date (Month/Year)

How long was his/her most recent deployment? _____ Months/Years

2. **EMPLOYMENT** (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> A student |
| <input type="checkbox"/> Working part-time | <input type="checkbox"/> On maternity or paternity leave |
| <input type="checkbox"/> Unemployed, looking for work | <input type="checkbox"/> On illness or sick leave |
| <input type="checkbox"/> Unemployed, not looking for work | <input type="checkbox"/> On disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> A homemaker | |

If you are not working or going to school, check here ☐ and skip to Section III. Family Relationships.

If you are working or going to school, please complete the following questions:

About how many hours did you work for wages in the past 7 days? _____Hours

In the past 4 weeks (28 days), how many days (0-28) did you. . .

. . . miss an entire work or school day because of problems with your physical or mental health? _____Days
(Please include only days missed for your own health, not someone else's health.)

On a scale from 0 to 10 where 0 is the worst job/academic performance and 10 is the top job/academic performance, how would you rate your job/school performance in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Worst Performance												Top Performance
0	1	2	3	4	5	6	7	8	9	10		

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely Unsatisfied												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		

[illegible]

4. SOCIAL SUPPORT (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- ☐ I was thinking primarily about my spouse/significant other
 ☐ I was thinking primarily about one person (not spouse/significant other)
 ☐ I was thinking about several potential supporters

5. **LIFESTYLE.** This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions ask for your opinions about what it is usually like living in your home. For each item, please circle what life is like in your home:

	Not at all true	A little bit true	Somewhat true	Definitely true
a. There is very little commotion in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family can usually find things when we need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family almost always seems to be rushed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family is usually able to stay on top of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. No matter how hard we try, my family always seems to be running late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It's a real zoo in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At home, we can talk to each other without being interrupted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There is often a fuss going on at my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No matter what my family plans, it usually doesn't seem to work out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can't hear myself think in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I often get drawn into other people's argument at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My home is a good place to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The telephone takes up a lot of my family's time at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The atmosphere in my home is calm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. First thing in the day, my family has a regular routine at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **LIFE EXPERIENCES.** This section asks about recent and past life experiences.

These next questions ask about possible life experiences you may have had during the past year. Read each of the events listed below, and place a "1" next to any event which has occurred to you within the past year. If not, place a "0".

- _____ 1. Children with problems
- _____ 2. You began or stopped work
- _____ 3. Conflict with family members
- _____ 4. Change in living situation
- _____ 5. Death of close friend
- _____ 6. Death of close family member
- _____ 7. Illness or injury of close family member
- _____ 8. Change in responsibilities
- _____ 9. Betrayal by family or loved ones
- _____ 10. Cheating partner
- _____ 11. Increase in number of arguments with partner
- _____ 12. Pregnancy
- _____ 13. Childbirth
- _____ 14. Financial concerns/trouble
- _____ 15. Deployment of partner
- _____ 16. Relocation or move
- _____ 17. Marital separation
- _____ 18. Personal injury or illness
- _____ 19. Problem with friends
- _____ 20. Return of partner from deployment
- _____ 21. Other _____

1. What is the most distressing life event you have ever experienced?

Briefly describe the event: _____

When did it occur? _____

2. During the last 30 days, did you experience any of the following problems in relation to the event you described above?
(Circle the number that is most true for you)

		Not at all	A little bit	Moderately	Quite a bit	All the time
a.	Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
b.	Repeated, disturbing dreams of the stressful experience.	1	2	3	4	5
c.	Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	1	2	3	4	5
d.	Feeling very upset when something reminded you of the stressful experience.	1	2	3	4	5
e.	Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	1	2	3	4	5
f.	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
g.	Avoiding activities or situations because they remind you of the stressful experience.	1	2	3	4	5
h.	Trouble remembering important parts of the stressful experience.	1	2	3	4	5
i.	Loss of interest in activities that you used to enjoy.	1	2	3	4	5
j.	Feeling distant or cutoff from other people.	1	2	3	4	5
k.	Feeling emotionally numb or being unable to have loving feelings for those close to you.	1	2	3	4	5
l.	Feeling as if your future somehow will be cut short.	1	2	3	4	5
m.	Trouble falling or staying asleep.	1	2	3	4	5
n.	Feeling irritable or having angry outbursts.	1	2	3	4	5
o.	Having difficulty concentrating.	1	2	3	4	5
p.	Being "super alert" or watchful or on guard.	1	2	3	4	5
q.	Feeling jumpy or easily startled.	1	2	3	4	5

3. If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all

☐

Somewhat difficult

☐

Very difficult

☐

Extremely difficult

☐

7. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you thought about committing suicide in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <u>ever</u> seriously thought about committing suicide?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attempted suicide in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <u>ever</u> attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>

Are you in emotional distress?

Please call 1-800-273-TALK to talk with someone at the National Suicide Prevention Hotline.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
a. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ALCOHOL USE

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
a. How often do you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to next section					
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes, but not in the last year	Yes, during the last year		
i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9. COPING. These questions ask about different ways of coping you may have used during your spouse/significant other's deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the	Nearly every
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the	Nearly every
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your thoughts and opinions related to the military. Please mark the box that best fits your views.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I believe in the mission of the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behind every strong soldier is a strong family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I do not agree with my spouse/significant other being in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My spouse/significant other has a critical role in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. As a family member, I am important to the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What I do at home does not make a difference to my partner's success in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The military is doing an important job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families are not important to military readiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I support my spouse/significant other's choice to be in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am proud to be a military spouse.					

Very unsatisfied Somewhat unsatisfied Neutral Somewhat satisfied Very satisfied Not applicable

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't know where to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't have adequate transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is difficult to schedule an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There would be difficulty getting time off work for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health care costs too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It might harm my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It would be too embarrassing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would be seen as weak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental health care doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. It might harm my spouse/significant other's career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. People might treat me differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. People would blame me for the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I don't want it to appear on my records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. There are no providers in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I would have to drive great distances to receive high quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. OUTREACH PROGRAMS

Please tell us if you or any members of your family have used the following resources and let us know how helpful they were.

My or my family's overall experience with the program was:

	Not Helpful	Somewhat Helpful	Very Helpful		Heard about it but have <u>not</u> used it	Never heard of it	Not sure if I have heard of it or used it
Family Readiness Group (FRG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battlemind Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master Resiliency Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder to Shoulder (suicide prevention training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Day Pre-Deployment event at retreat facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong Bonds for Couples/Single Soldiers/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Family Life Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director of Psychological Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Assistance Center (FAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Readiness Support Assistants (FRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition Assistance Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military One Source 24 hour telephone referral source Behavioral Health Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military OneSource (online or other support services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Support for the Guard and Reserves (ESGR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Helpful	Somewhat Helpful	Very Helpful		Heard about it but have <u>not</u> used it	Never heard of it	Not sure if I have heard of it or used it
American Red Cross, Services to the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation Home Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michigan National Guard Family Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michigan Veterans Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Telephone Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Personnel and Assistance at Demobilization site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sesame Street/Talk Listen Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention-VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation Purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation Military Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional resources that have been helpful to you or your family that are not listed above.

12. **PARENTING.** This next section asks about children and parenting. If you do not have children, your survey is complete.

- | | |
|--|---|
| <p>1. Do you have children?
<input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, your survey is complete.)</p> <p>2. Are you a stepparent?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. How many children under age 18 live in your home?
_____</p> <p>4. What are the ages of your children? _____
_____</p> <p>5. Did you experience the birth of a child during this most recent deployment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>6. Are you a single parent?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. Do you have a special needs child?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9. If you have a special needs child, please explain: _____
_____</p> |
|--|---|

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am happy in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel close to my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy spending time with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The major source of stress in my life is my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having a child(ren) has been a financial burden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am satisfied as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I find my child(ren) enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children.** If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (No questionnaire for this child)
 How many of your children are between 12-35 months old? _____ (Complete that # of Young Child Questionnaires)
 How many of your children are between 3 -17 years old? _____ (Complete that # of Older Child Questionnaires)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months _____

Child's Sex: Male

Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years _____

Child's Sex: Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR FAMILY'S SERVICE

Michigan Army National Guard Pre-Deployment Survey Parents of Service Members

In the following pages, we ask a number of questions about your life and experiences with having a child deploy as a member of the United States Armed Forces. We will ask you about yourself personally, your role in the deployment of your service member, and your views on how parents can best support their children who deploy. Your answers will be important to helping us understand what issues families of military service members face prior to and during a deployment and the areas of programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

Question	Answer	1st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> <u>P</u> <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> <u>L</u> <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1st 3 letters/#s of your answer
What is your mother's maiden name?		<u> </u> <u> </u> <u> </u>
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		<u> </u> <u> </u> <u> </u>
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		<u> </u> <u> </u>

3. Write the first 3 letters/#s from each of your above answers
This is your personal code.

*****DETACH THIS PAGE FROM THE SURVEY*****
Participant to keep this page.

Please write the SERVICE MEMBER'S personal code

Please write your personal code (from previous page)

1. PERSONAL INFORMATION

Age:	Gender:	Marital Status:	Ethnicity (check all):	Highest Level of Education:	Annual Family Income:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000
<input type="checkbox"/> 22-30	<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000
<input type="checkbox"/> 41-50			<input type="checkbox"/> Hispanic		
<input type="checkbox"/> 51-60		<input type="checkbox"/> Divorced	<input type="checkbox"/> Native American	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> 61-70		<input type="checkbox"/> Separated		<input type="checkbox"/> Technical certificate or Associate degree	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> 61-70		<input type="checkbox"/> Widowed	<input type="checkbox"/> Asian American		
<input type="checkbox"/> over 70		<input type="checkbox"/> Single	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Graduate degree	

Are you still married to/together with the other parent of your service member?

☐ Yes ☐ No

If no, is he/she deceased?

☐ Yes ☐ No

If no, are you divorced/separated from the other parent?

☐ Yes ☐ No

What is your employment status? Are you? (check all that apply)

<input type="checkbox"/> Working full-time	<input type="checkbox"/> Unemployed, not looking for work	<input type="checkbox"/> On illness or sick leave
<input type="checkbox"/> Working part-time	<input type="checkbox"/> Retired	<input type="checkbox"/> On disability
<input type="checkbox"/> Unemployed, looking for work	<input type="checkbox"/> A homemaker	<input type="checkbox"/> Other, please specify:

Are you personally a member of the military or have you been a member of the military?

☐ Yes ☐ No

If yes, have you previously deployed to a combat zone?

☐ Yes ☐ No

If yes, what were the approximate dates of your deployment:

What was the length of your deployment/s:

For which conflict were you deployed?

2. RELATIONSHIP WITH YOUR SERVICE MEMBER CHILD

Since your service member child has returned from deployment, approximately how close do you live to him/her?

- ☐ We share a residence
 ☐ We live in the same community close to each other
 ☐ We live about a one-two hour drive apart
 ☐ We live a far distance from each other.

How often did you talk to your service member child when he/she was deployed? Circle your answer.

By voice communication (eg. Telephone, Skype-voice only)?

Daily	2-3 times a week	Weekly	2-3 times a month	Monthly	2-3 times a year	Yearly	Never
-------	------------------	--------	-------------------	---------	------------------	--------	-------

Through Video Communication (e.g., Skype with video, video conferencing)?

Daily	2-3 times a week	Weekly	2-3 times a month	Monthly	2-3 times a year	Yearly	Never
-------	------------------	--------	-------------------	---------	------------------	--------	-------

By email/text message/instant messaging?

Daily	2-3 times a week	Weekly	2-3 times a month	Monthly	2-3 times a year	Yearly	Never
-------	------------------	--------	-------------------	---------	------------------	--------	-------

In person

Daily	2-3 times a week	Weekly	2-3 times a month	Monthly	2-3 times a year	Yearly	Never
-------	------------------	--------	-------------------	---------	------------------	--------	-------

How would you describe your current relationship with your service member child? (circle one number)

Worst Relationship	1	2	3	4	5	6	7	8	9	Best Relationship
--------------------	---	---	---	---	---	---	---	---	---	-------------------

Are you concerned about the mental health of your service member child?

Not at all concerned 1 2 3 4 5 6 7 8 9 Extremely concerned

If you indicated concern, briefly describe the mental health symptoms that worry you the most:

Are you concerned about the physical health of your service member child?

Not at all concerned	1	2	3	4	5	6	7	8	9	Extremely concerned
----------------------	---	---	---	---	---	---	---	---	---	---------------------

If you indicated concern, briefly describe the physical health symptoms that worry you the most:

If you are concerned about the wellbeing of your service member, how involved are you in helping him/her?

Not at all involved	1	2	3	4	5	6	7	8	9	Extremely involved
---------------------	---	---	---	---	---	---	---	---	---	--------------------

Would you like to be more involved in his/her reintegration?

Not at all interested	1	2	3	4	5	6	7	8	9	Extremely interested
-----------------------	---	---	---	---	---	---	---	---	---	----------------------

If it was available to parents, would you be interested in talking to someone about how you can be more involved in the reintegration of your service member or other service members?

Not at all interested	1	2	3	4	5	6	7	8	9	Extremely interested
-----------------------	---	---	---	---	---	---	---	---	---	----------------------

If you are not involved in the reintegration of your service member, check all the barriers to your involvement below:

- | | |
|---|--|
| <input type="checkbox"/> He/she does not want my help | <input type="checkbox"/> I am not sure how I can help |
| <input type="checkbox"/> I would like to help but I am too overwhelmed with other stress in my life | <input type="checkbox"/> It is not my role to help, the military needs to take care of their service members |
| <input type="checkbox"/> I worry that I will make things worse than they already are | <input type="checkbox"/> Other barriers (please briefly list below) |

[illegible]

4. COPING

These questions ask about different ways of coping you may have used related to your child's deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I believe in the mission of the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behind every strong soldier is a strong family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I do not agree with my child being in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child has a critical role in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. As a family member, I am important to the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What I do at home does not make a difference to my child's success in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The military is doing an important job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families are not important to military readiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I support my child's choice to be in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am proud to be a military parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

nothing.

Social Support (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- ☐ I was thinking primarily about my spouse/significant other
 ☐ I was thinking primarily about one person (not spouse/significant other)
 ☐ I was thinking about several potential supporters

5. LIFE EVENTS

Thinking back on your entire life, have you ever...

	<u>YES</u>	<u>NO</u>
a. ... been badly beaten up?	<input type="checkbox"/>	<input type="checkbox"/>
b. ... been shot or stabbed?	<input type="checkbox"/>	<input type="checkbox"/>
c. ... witnessed someone being seriously injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>
d. ... unexpectedly discovered a dead body?	<input type="checkbox"/>	<input type="checkbox"/>
e. ... been mugged, held up, or threatened with a weapon?	<input type="checkbox"/>	<input type="checkbox"/>
f. ... been held captive, tortured, or kidnapped?	<input type="checkbox"/>	<input type="checkbox"/>
g. ... been in a fire, flood, earthquake, or other natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
h. ... been in a life-threatening car or motor vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>
i. ... had any other kind of life-threatening accident or injury?	<input type="checkbox"/>	<input type="checkbox"/>
j. ... been diagnosed with a life-threatening illness?	<input type="checkbox"/>	<input type="checkbox"/>
k. ... had a child of yours diagnosed with a life-threatening illness?	<input type="checkbox"/>	<input type="checkbox"/>
l. ... been raped?	<input type="checkbox"/>	<input type="checkbox"/>
m. ... experienced any other kind of sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>
n. ...learned about the <u>sudden, unexpected death</u> of a close friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>
o. ...learned that a close friend or relative was seriously physically attacked or injured in a life-threatening event of any kind?	<input type="checkbox"/>	<input type="checkbox"/>

a. Which of the above events was the worst? _____

b. How old were you when it occurred? _____

c. Briefly describe the event. _____

During the last 30 days, did you experience any of the following problems related to the worst event you described in above? (Circle the number that is most true for you)

		Not at all	A little bit	Moderately	Quite a bit	All the time
a.	Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
b.	Repeated, disturbing dreams of the stressful experience.	1	2	3	4	5
c.	Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	1	2	3	4	5
d.	Feeling very upset when something reminded you of the stressful experience.	1	2	3	4	5
e.	Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	1	2	3	4	5
f.	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
g.	Avoiding activities or situations because they remind you of the stressful experience.	1	2	3	4	5
h.	Trouble remembering important parts of the stressful experience.	1	2	3	4	5
i.	Loss of interest in activities that you used to enjoy.	1	2	3	4	5
j.	Feeling distant or cutoff from other people.	1	2	3	4	5
k.	Feeling emotionally numb or being unable to have loving feelings for those close to you.	1	2	3	4	5
l.	Feeling as if your future somehow will be cut short.	1	2	3	4	5
m.	Trouble falling or staying asleep.	1	2	3	4	5
n.	Feeling irritable or having angry outbursts.	1	2	3	4	5
o.	Having difficulty concentrating.	1	2	3	4	5
p.	Being "super alert" or watchful or on guard.	1	2	3	4	5
q.	Feeling jumpy or easily startled.	1	2	3	4	5

If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all

☐

Somewhat difficult

☐

Very difficult

☐

Extremely difficult

☐

6. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Please circle your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

☐

Somewhat difficult

☐

Very difficult

☐

Extremely difficult

☐

For each of the following statements, please indicate how often that statement was true for you during the past week.

	Never	Very rarely	Rarely	Sometimes	Often	Very often	Almost always
a.. If I didn't have enough time to do everything, I didn't worry about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My memories overwhelmed me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I didn't tend to worry about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Many situations made me worry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I knew I shouldn't have worried about things, but I just couldn't help it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I was under pressure, I worried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I was always worrying about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I found it easy to dismiss worrisome thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. As soon as I finished one task, I started to worry about everything else I had to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I did not worry about anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. When there was nothing more I could do about a concern, I didn't worry about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I noticed that I had been worrying about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Once I started worrying, I couldn't stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I worried all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I worried about projects until they were all done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
a. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. ALCOHOL USE

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
a. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to next section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes, but not in the last year	Yes, during the last year	
i. Have you or anyone else been injured because of your drinking?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. **PARENTING.** This next section asks about children and parenting.

1. Do you have children other than this service member?
☐ YES ☐ NO

How old are your children?

Which of these children still live with you?

2. Are you a single parent?

3. Are you a stepparent?
☐ YES ☐ NO

If yes, how old are your stepchildren?

Which of these children still live with you?

4. Did your service member's children (your grandchildren) move in with you as a result of his/her deployment?
☐ YES ☐ NO

If yes, how old are these children?

5. Do you have a special needs child?
☐ YES ☐ NO

6. If you have a special needs child, please explain: _____

Did your service member's children live with you during the deployment?

- ☐ No
☐ On occasion for overnight visits
☐ A significant part of the deployment but not all the deployment
☐ Yes, for the vast majority of the deployment

What role did you play in caretaking of your service members children during the deployment?

- ☐ I had no contact with them
☐ I had intermittent contact
☐ I played a significant role in caretaking but was not the primary caretaker
☐ I was the primary caretaker

Did your access to your service member's child/ren change as a result of the deployment?

- ☐ It stayed about the same
☐ I saw them much less than usual
☐ I saw them much more than usual

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am happy in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel close to my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy spending time with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The major source of stress in my life is my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having a child(ren) has been a financial burden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am satisfied as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I find my child(ren) enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (No questionnaire for this child)
 How many of your children are between 12-35 months old? _____ (Complete that # of Young Child Questionnaires)
 How many of your children are between 3 -17 years old? _____ (Complete that # of Older Child Questionnaires)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in Months _____

Child's Sex: Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in Years _____

Child's Sex: Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

If there is anything else you would like to add about how parents of service members can be involved/included in the deployment and reintegration process, please describe briefly in the lines below.

THANK YOU

APPENDIX B

QUALITATIVE INTERVIEW GUIDE

Spouse & Service Member Interview

Thank you for agreeing to take part in this interview today. We would like to learn a little bit about you as we begin so if you could start by describing who is in your family and what a typical day is like in your home.

- How long have you been married or in a committed relationship with one another?
- Would like to know who is in the family. If for example there are step children or non-custodial children, how often they are in the home.
- Would like to know a little bit about work, school, extracurricular, and other related daily home routines.

Deployment - We are very interested in hearing about each of your different stories of deployment. Please describe your deployment experience including what were the most stressful things you faced during the deployment. (Service Member, Spouse, Parent(s)).

- Previous deployments

Reintegration - We are very interested in hearing about each of your different stories of reintegration. Please describe your reintegration experience including what were the most stressful things you faced during the reintegration.

A: STRESSOR EVENT

- Looking back, how did your life change when your soldier was deployed?
 - What was different in your day to day tasks or activities? What remained the same?
 - Did your behavior or attitude change when your soldier was deployed? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)
- If we were to start with the oldest child and go one at a time:
 - What changes did you notice about each child during deployment?
 - What changes did you notice about each child after your service member got home?
 - If there were challenges, how did you help your child get through this?
- How did you deal with the milestone and life events that occurred while your soldier was away? (e.g. birthdays, deaths, school events, parties, weddings, etc.)
- Has your behavior or attitude changed since soldier has returned? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)
- How has your life changed since soldier returned?
 - What is different in day to day tasks or activities? What is the same? (e.g. Roles at home, afterschool activities, Relationship with parent/siblings/children).

- Have you noticed changes in your behavior or attitude since [/spouse/son/daughter] has returned? Describe. (e.g. changes in sleeping, eating, fights with siblings/children, grades, etc.)
- What has it been like for you in your family since your return? What has been the biggest adjustment?
 - Probe: What has gone well? What hasn't gone well?
 - Were all family members receptive to your return? If not, who has struggled with the transition the most?

B: RESOURCES

What and/or who helped you get through the deployment? How did this help? Please Explain. Was anything you tried not helpful?

- Military
- Civilian
- Formal
- Informal

How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) when your [spouse/son/daughter] was deployed?

- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
 - Has this changed since your [spouse/son/daughter] returned?
 - Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
 - OR what blocked you from accessing your support system during the deployment? Did this change after your [spouse/son/daughter] returned?

C: MEANING MAKING

Some people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you?

How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

- How has your experience with this whole process of deployment and reintegration influenced the way you think about:
 - How you view the world?
 - How you view the military?
 - The community in which you live?

- Yourself?
 - Your family?
 - Your role as a husband/wife?
 - Your role as a father/mother?
- In what ways has the deployment and reintegration experiences challenged and/or strengthened your family? Did you grow as a result of the deployment? Expand on your answer.
- What do you tell your children about what your spouse does?
- What do you tell other adults about your spouse's work?
 - Probe: What are their reactions to you? How does that make you feel?
 - Probe: Do you feel people understand what life is like for your family? What is your perception of this upon return?

X: ADJUSTMENT

- What is your sense of how you are adjusting? (Any mental health issues – depression/PTSD etc?)
- How do you think the deployment experience has impacted your family?
 - Probe: What changes have you seen in your relationship with your spouse? With your children? How has your parenting changed? In your children's behavior at school or socializing with friends? How do you think your kids are doing?
- Some families say deployment brings them closer together or stronger, others say it drives them apart. Tell me about your experience. How do you think your family did during deployment? How do you think your family is doing now post-deployment?

What is one thing with regards to deployment survival that you wish someone would have told you or what would you say to a new NG family preparing for deployment, what advice would you give them?

Individual Service Member Interview

- **Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words?** If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...** However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- **You said: _____ (word/phrase). Can you tell me why you chose _____ to describe your experience? Ask for examples if none given.**

A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

C: MEANING MAKING

- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

X: ADJUSTMENT

- How do you think your spouse is doing?
 - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?

Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?

Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Individual Spouse or Parent Interview

- **Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words?** If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...** However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- **You said: _____ (word/phrase). Can you tell me why you chose _____ to describe your experience? Ask for examples if none given.**

A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

C: MEANING MAKING

- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

X: ADJUSTMENT

- How do you think your spouse is doing?
 - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?

Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?

Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

GUIDING QUESTIONS FOR QUALITATIVE INTERVIEW

Parent of Service Member Interview (Interview fathers and mothers separately)

Thank you for agreeing to take part in this interview today. We would like to learn a little bit about you as well as your relationship with your service member son/daughter.

- Tell me about yourself
 - Where you live
 - Who is in your family
 - Work, school, extracurricular, and other related daily home routines.
- Describe your relationship with your service member prior to deployment?
 - What was the relationship like?
 - Please describe the activities that were involved in your relationship.
- Where did your service member live prior to deployment?
 - Probe if at home, close by, far away.
- Where does your service member live now that he/she is home?
 - Probe if at home, close by, far away.
- What is your own history of military knowledge or military service?
- How did you feel about your son/daughter joining the military?

We are very interested in hearing about each of your different stories of deployment. Please describe your deployment experience including what were the most stressful things you faced during the deployment.

- How involved were you in helping your service member prepare for the deployment?
- Describe your relationship with your SM during the deployment.
 - Probe for involvement eg, communication, care packages, childcare, etc.
- Describe your relationship with your SM since he/she has been home.
 - How often do you see each other?
 - How involved does your SM want you to be?

A: STRESSOR EVENT

- Looking back, how did your life change when your soldier was deployed?
 - What was different in your day to day tasks or activities? What remained the same? (e.g. Roles at home, ruminations, etc.)
 - Did your behavior or attitude change when your soldier was deployed? If so, how? (e.g. changes in sleeping, eating, drinking, relationship with spouse, friends, extended family, etc.)
 - Did you feel like you were important in the deployment and reintegration process of your SM?
 - What did you do that helped your SM?
 - What did you do that helped yourself?
 - What did you do that helped the military?
 - What changes did you notice in your son/daughter during deployment?
 - What changes did you notice after your son/daughter got home?
 - If there were challenges, how did you help your son/daughter get through them?
- How did you deal with the milestone and life events that occurred while your soldier was away?
 - Eg., business as usual, everything on hold.
- What has it been like for you and your family since your SMs return? What has been the biggest adjustment?
 - Probe: What has gone well? What hasn't gone well?
 - Were all family members receptive to SM return? If not, who has struggled with the transition the most?

B: RESOURCES

- What and/or who helped you get through the deployment? How did this help? Please Explain.
- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) when your [son/daughter] was deployed?
 - How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.) – Has this changed since your [spouse/son/daughter] returned?

- Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
- OR what blocked you from accessing your support system during the deployment? Did this change after your [spouse/son/daughter] returned?
- How have you been a resource to your son/daughter?

C: MEANING MAKING

Many people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you?

- How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over? What did you tell yourself about the experience as you were going through it?
 - How has your experience with this whole process of deployment and reintegration influenced the way you think about:
 - Your relationship with your SM?
 - How you view the world?
 - How you view the military?
 - The community in which you live?
 - Yourself?
 - Your family?
 - Your role as a husband/wife?
 - Your role as a father/mother?

- In what ways has the deployment and reintegration experiences challenged and/or strengthened your family? Did you grow as a result of the deployment? Expand on your answer.

X: ADJUSTMENT

- What is your sense of how you are adjusting? (Any mental health issues – depression/PTSD etc?)
- How do you think the deployment experience has impacted your family?
- Probe: What changes have you seen in your relationship with your child?
- Some families say deployment brings them closer together or stronger, others say it drives them apart. Tell me about your experience. How do you think

your family did during deployment? How do you think your family is doing now post-deployment?

“What is one thing with regards to deployment survival that you wish someone would have told you” or “what would you say to a new NG family preparing for deployment, what advice would you give them?”

Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words? If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...***

However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).

- 1.
- 2.
- 3.
- 4.
- 5.

After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):

- a) You said: _____ (word/phrase). Can you tell me why you chose _____ to describe your experience? Ask for examples if none given.

APPENDIX C

APA Convention on the topic of Parallel Sustained Stress for Couples and the Challenge of Reconnection Post Deployment

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Parallel Sustained Stress for Couples and the Challenge of Reconnection

Adrian Blow, PhD

Lisa Gorman, PhD

Michelle Kees, PhD

Military Life Challenges Basic Assumptions of Strong Relationships

Couples who do well are intimately familiar with each other's world. They have a richly detailed love map—they know the major events in each other's history, and they keep updating their information as their spouse's world changes. They know each other's goals, worries, and hopes. (Gottman, 1999)

Couples who do well are more accessible, emotionally responsive, and deeply engaged with each other (Sue Johnson, 2008)

Military Life Challenges Basic Assumptions of Strong Relationships

Individuals need to know that there are a few essential other people in their lives who care about what happens to them, understand their experiences, and are available and willing to offer comfort and support in times of stress (Johnson, 2008)

The Challenge For Military Couples

- Each individual undergoes intensive and sustained emotional arousal for a year or longer
- Stress experienced by each is partner completely different
- Sustained stress leads to both positive and negative growth
- There are numerous physical and psychological barriers for couples striving to stay emotionally connected during deployment and reconnect after deployment

Service Member Stress: Experienced Individually

- Stress begins with notification that deployment will occur (often lengthy time of preparation)
- Physically present but psychologically absent
- Extended separation(s)
- Trauma witnessed in war, combat exposure
- Mission focus and challenges
- Personal existential conflicts
- Worry and guilt about spouse and family
- Need to adapt to transitions
- Reintegration challenges
- Personal growth and change

Service Member Barriers to Sharing Stress with Spouse

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- Don't want to worry spouse
- Military limits on what can be shared
- Many aspects of war difficult to talk about
- Communication via internet or email not the same as in-person sharing
- Soldiers not always “wired” or trained to talk about difficult emotional topics

Spouse/Partner Stress: Experienced Individually

- Normal life stress
- Home management activities
- Self care vs. “my life is on hold for a year”
- Inevitable crises/Unexpected life events
- Worry about service member
- Need to adapt to transitions
- Reintegration challenges
- Work outside the home
- Personal growth and change

Spouse Barriers to Sharing Stress with Soldier

- Don't want to worry/burden soldier
- Communication via internet or email not the same as in person
- Deep and meaningful conversations don't go well with a deployment

During Reintegration, Depression is a Problem for both Soldiers and Spouses

- In our studies of National Guard Couples post deployment using dyadic data analysis we found:
- For both service members and their spouses, depression was most strongly associated with relational distress post-deployment (partner and actor effects)

Gorman, 2009; Blow et al, 2013

Reconnecting Post Deployment

- Following return from deployment, couples may experience difficulty reconnecting
- Non-shared deployment experiences have the potential to make it much more difficult for partners to re-establish their emotional connection
- It can be a challenge for couples to get to know each other again
- How do soldiers and spouses “turn on emotions” after having to keep them under control during a war?

Brief Case Example

- From our qualitative interviews of couples (Risk and Resiliency Study)
- No time to go over the methods

Brief Case Example

Soldier: Deployment for him was extremely stressful

“Part of the job is the prospect of having to deploy, being in a hostile territory, just to be someplace where guys from your unit may have gotten blown up or people want you dead. The prospect of like not being 100% in control of what can happen to you as far as being in a battle field or a hostile environment that is stressful to a certain extent. So I was an advisor and I left the wire and we were in danger on a regular basis ... I was in jeopardy multiple times where I could come under contact or be ambushed or lose my life.”

Brief Case Example Soldier cont.

“And the other part of it is I had these feelings that are a reaction to things that are going on (unit politics) that made me extremely angry for the entire deployment. However, you wear the uniform you have to swallow your pride and in some ways we will hear guys say sometimes you have to eat a shit sandwich when you are in the army... you don't want to eat it, it doesn't taste good but you just do what you have to do.”

Brief Case Example Spouse

Spouse: Deployment for her was isolating, she did not know military life or have any military connections.

“...nobody hugs you, nobody touches you, nobody talks to you on that deep level so that is probably one of the most stressful for me as a female like I went through a year without really ever having a hug.”

Brief Case Example

- How does this couple reconnect post deployment?
- He was stuck in the negativity of his experience
- She did not know how to reach him, make him happy, or get to know him again
- Her pursuit of connection created an unhealthy dynamic
- They are both profoundly changed by the deployment
- They did not know each other that well before the deployment

Couples need Intentional Strategies to Connect and Reconnect

- Skype calls through deployment
- Journals
- Therapy
- Couple vacations
- Strong Bonds
- Conversations about reintegration
- Soldier not wedded to roles
- Normalize that reconnecting takes time
- Time alone without children or family

Couples need Intentional Strategies Connect and Reconnect

- Peer support from other couples who have reconnected after deployment
- Love notes or letters, emails
- Individual patience and willingness to give partner some space
- Open mind to partner changes and growth as positive and not threat to relationship

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THANK YOU!

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APPENDIX D

Presentation to the Michigan National Guard

An Overview and Update on Various Collaborations and Initiatives

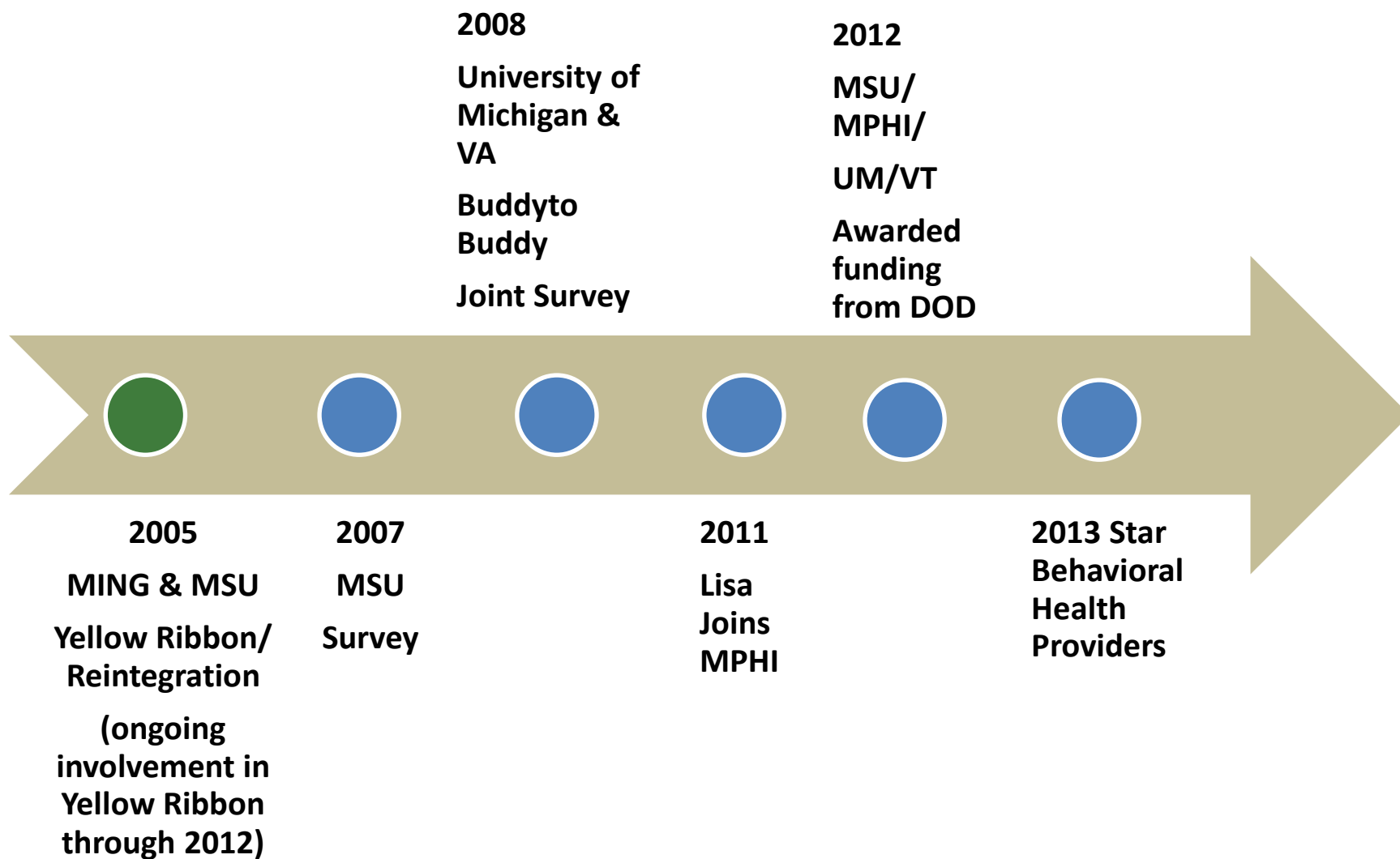
Adrian Blow, PhD, Michigan State
University

Lisa Gorman, PhD
Michigan Public Health Institute

Agenda

- History of our Collaboration
- Key Research Findings
- How research has been used to benefit MI NG soldiers and families
- Overview of the Risk and Resiliency in MING Families Study
 - Current Status
 - Next Steps
- Overview of Star Behavioral Health Providers
 - Current Status
 - Next Steps
- Other potential initiatives
 - Care coordination with the Department of Veterans Affairs
- Time for Questions and Discussion
 - How to regularly update the MI Adjutant General and commanders
 - Dissemination of study findings
 - Potential barriers to success
 - How can we use our experience and research to benefit soldiers and families moving forward?

Background



Signing of Community Covenant in State Capitol 2008



MSU in Support of Michigan National Guard

- Began collaboration in 2005
 - Lisa Gorman, Adrian Blow, Barbara Ames
 - Working with then COL Jim Anderson and then MAJ Mary Jones
- Oct 2006 Family Reunion Workshops
 - Reintegration and Children
 - Family Stress and Communication
 - Addictions
 - Spouse Group (now for all supporters)
 - Used peer veterans (Don Behm and Tom Devine to assist in delivering workshops)
 - Married Service Member Support Group
 - Maj Gen Cutler signed approval for MSU research

History of Work Continued

- Data Collection through surveys began in Fall 2007
- Family Impact Seminar – May 2008
 - MI House and Senate Committees
 - Focus on Needs of MI NG Families
 - Preliminary Findings from a MSU/MI NG Study of Returning Veterans
- Systems of Care
 - Jun 2008 First Community Event in Lansing
 - Communiqué - Dep. of Community Health
 - Educate community providers
 - Signing of Community Covenant at the State Capitol 12 Nov 2008
- University of Michigan researchers joined our partnership in 2008.
 - Jointly developed the BuddytoBuddy program
 - Conducted a joint survey
 - BuddytoBuddy evaluation

Sample Findings to Date from Survey Data

MSU and UM

- Sample (soldiers attending reunion weekends)

Sample

- Service Members = 926
- Spouses/SO = 556
- Survey response rate (Soldier/Spouse): Wave 1 (MSU): 40/36%; Wave 2 (MSU/UM): 78/80% (incentive \$10/\$25)

Percentage of National Guard Service Members Who Met the Screening Criteria for Mental Health Problem	MSU	MSU/ UM	UM/ MSU	VOICES	VOICES
	45-90 days 2006-2008 N=332	45-60 days 2009 N=325 partnered	Pre- deployme nt 2011 N=617	6 months 2011-2012 N=694	12 months 2011-2012 N=194
PTSD (PCL-M >50)	11%	13%	12%	16%	12%
Depression BDI-II > 14 PHQ-9 >10	21%	21%	13%	19%	20%
Suicidal risk	5%		7%	7%	9%
Hazardous alcohol use AUDIT	20%*	35%		50%**	44%
1 or more identified MH problem	40%				

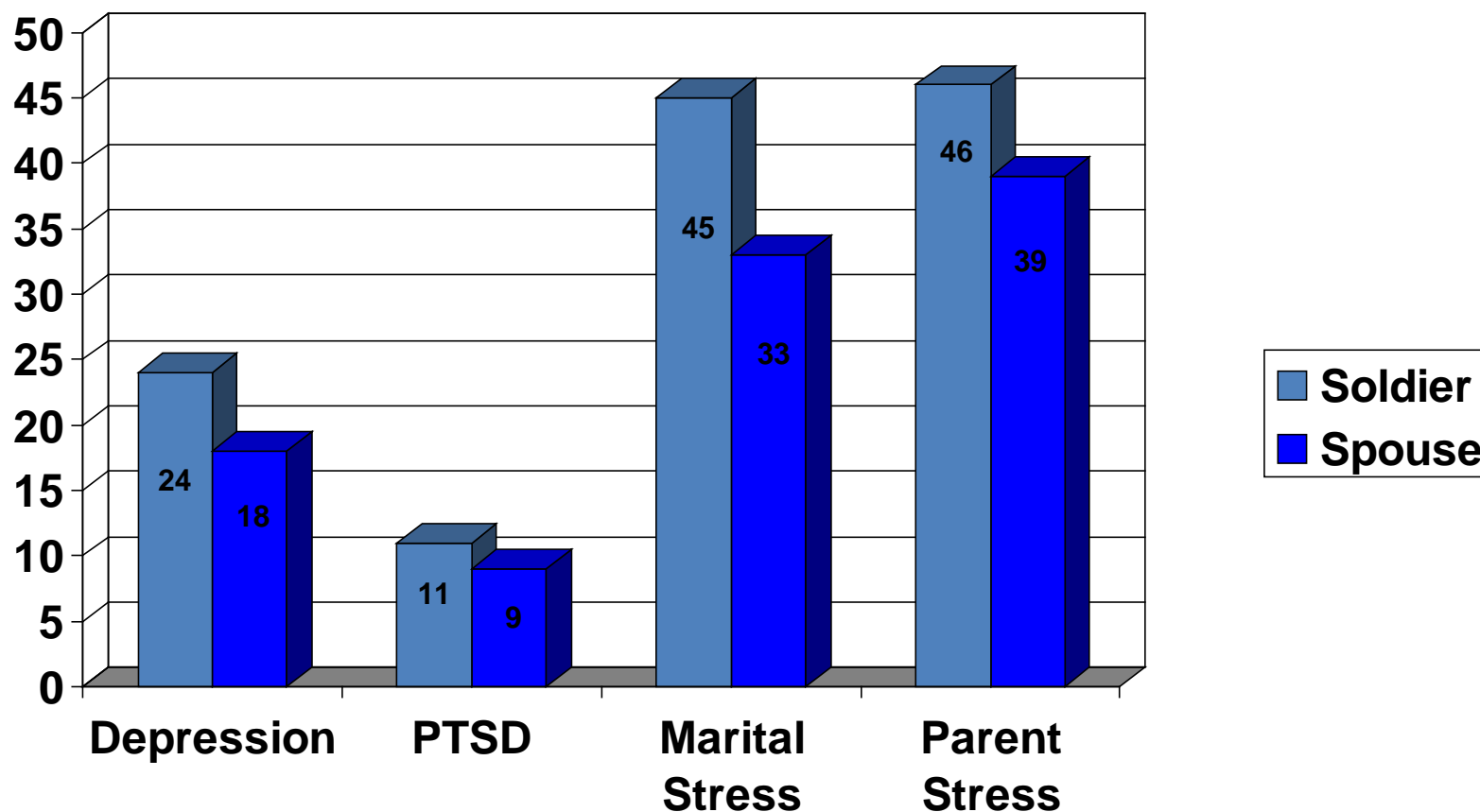
Symptom Levels

Sample	2006-2008	2009-2010	2011-2012	P value
PTSD	11%	12%	16%	P=.07
Depression	21%	24%	19%	P=.03
Alcohol Misuse	46%	59%	50%	P<.0001

Barriers to Care

Sample	2006-2008	2009-2010	2011-2012
Stigma It would be too embarrassing. It would harm my career. Members of my unit might have less confidence in me.* My unit leadership might treat me differently.* My leaders would blame me for the problem.* I would be seen as weak.*	15% 17% 19% 19% 11% 18%	15% 17% 15% 17% 8% 15%	12% 15% 11% 13% 7% 11%
Logistical I don't know where to get help. I don't have adequate transportation. It is difficult to schedule an appointment.* There would be difficulty getting time off work for treatment.* Mental health care costs too much money.	6% 5% 12% 14% 18%	6% 4% 7% 8% 15%	5% 3% 13% 13% 17%
Belief I don't trust mental health professionals* Mental health care doesn't work.	16% 7%	11% 6%	9% 6%

Spouses also Soldiers Report Distress Post-Deployment*



**UM/MSU data subset of 355 returning soldiers in early 2009*

CURRENT STUDY

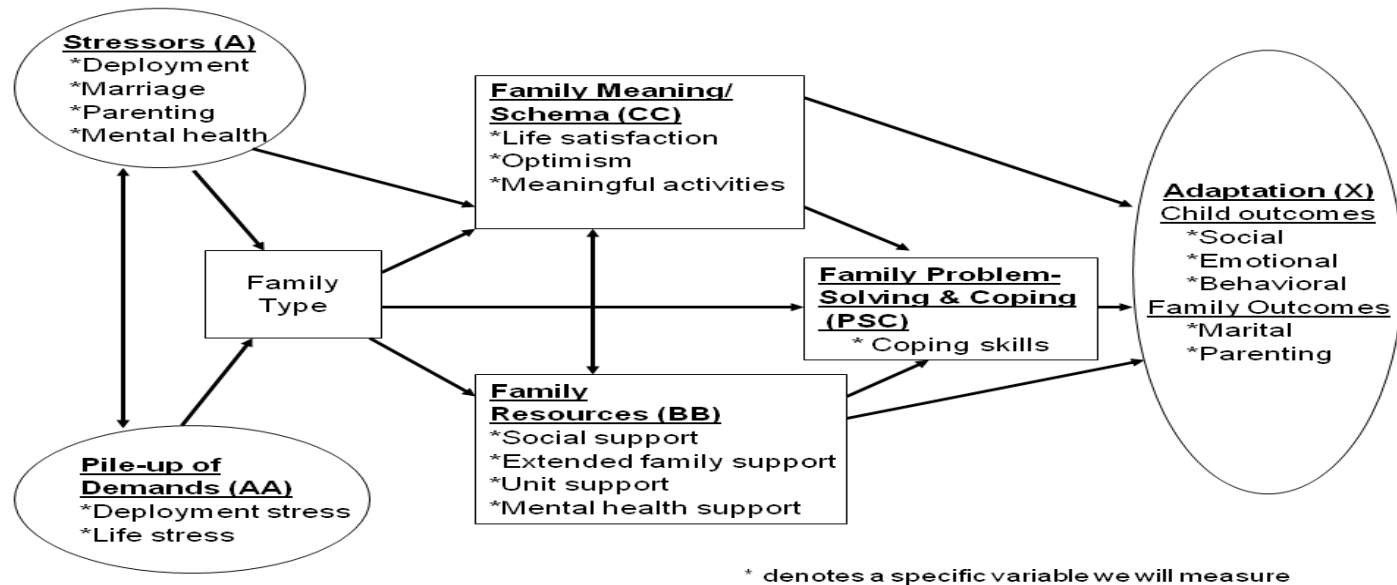
Risk, Resiliency, and Coping in National Guard Families

- This is a study of the 125/126 Battalion through the deployment cycle beginning May 2012 and ending September 2015
- The study includes a longitudinal assessment of soldiers, spouses, and some parents
- It is a collaboration between the MANG, MSU, MPHI, UM, and VT

Expected Outcome

❖ Expand current models of family stress and adaptations

Figure 1: Family Resilience Model For This Study



- ❖ Inform development and adaption of evidence-based family and community resilience programs
- ❖ Enhance methods that build and sustain strong relationships within military families

Study Progress

Completed

- ⊞ Pre-Deployment Survey (2012)
- ⊞ Post-Deployment Surveys
 - ⊞ 607 Service Members
 - ⊞ 331 Spouses/Significant Others
 - ⊞ 29 Parents
- ⊞ 40 Family Interviews
- ⊞ Gift card paid out
 - ⊞ \$25 for each survey
 - ⊞ \$100 for each family interview

To be completed by Sept. 2015

- ⊞ Surveys
 - ⊞ 1 year following deployment survey in conjunction with VOICES and online
 - ⊞ 2 years following deployment survey
- ⊞ Family Interviews
 - ⊞ 1 year follow-up after reunion
 - ⊞ 2 year follow-up after reunion

Findings/Expected Findings

- Data analysis ongoing
- Will have findings in the next three months
- We will shed some light on how service members and family members doing through the deployment cycle
- Will focus on coping and resiliency methods
- We will also have a “deep look” through the qualitative interviews at how families are coping
- We will be able to provide recommendations locally and nationally for strengthening programs for Guard families

Trainings To date

By Location	Number MH Providers Trained
JFHQ, Lansing, MI	47
Selfridge ANG, Mt. Clemens, MI	54
GVA, Grand Rapids, MI	78
Marquette Armory, Marquette, MI	18
FCTC, Battle Creek, MI (Tier Two)	41
Total Trained	228

- **Four more trainings in 2013.**
- **Approximately 10 trainings in 2014**

Trainers

- Thomas Anderman, MA, LMSW, LPC, CAC, MIARNG PHP
- CH (CPT) Paul Lepley, MA, LLPC, CAADC, 1st Squadron 126th Cavalry Regiment, SBHP Coordinator
- CPT Nick Anderson, CDR HHT 1st Squadron 126th Cavalry Regiment, Peer Support OIC MIARNG
- 1LT Stephanie Boltrick, MSW, Suicide Prevention Officer, MIARNG
- SGT (Ret.) Derrick Guty, MA, USMC
- Teresa Barabe, MSW, SBHP Coordinator
- David Riggs, PhD, Center for Deployment Psychology
- Tom Devine and Don Behm
- Adrian Blow, PhD, MSU Couples and Marriage Therapy Program

How research data has been used to benefit Michigan soldiers & families



Outreach

- ✚ Systems of Care presentations 2008-2011
- ✚ Military Child Education Coalition Public Engagement 2010



Policy

- ✚ 2008 – Family Impact Seminar
- ✚ 2012 - strategic planning at the SAMHSA sponsored policy academy
- ✚ 2013 –Governor’s office on USVA Mental Health Services and Benefits Memorandum on unique issues for National Guard



Funding for MI ARNG programs

- ✚ Road to Reintegration
 - ✚ \$796,500 Yellow Ribbon Appropriation 2009
 - ✚ Chaplain Support, Buddy to Buddy and Systems of Care
- ✚ Buddy to Buddy
 - ✚ \$400,000 to MI ARNG for implementation
 - ✚ VA & McCormick Foundation funding to support the community veterans



Funds for community programs

- ✚ Buddy-to-Buddy volunteer veteran program lead by Marcia Valenstein
- ✚ Strong Families lead by Kate Rosenblum, UM
- ✚ Home Front Strong lead by Michelle Kees, UM



Train Providers

- ✚ Star Behavioral Health Program lead by Adrian Blow, MSU
- ✚ Family Physicians – Family Medicine Research, Gorman 2013

Future

- What does MI NG need from us?
- NG priorities
- How to regularly update the MI Adjutant General and commanders
- How can we use our experience and research to benefit soldiers and families moving forward?

Partners

- ❀ Michigan National Guard, MG Vadnais, CW3 Jeannie O'Dell, CPT Nick Anderson
- ❀ Service members and family of the 125/126 Battalion
- ❀ Michigan State University, Adrian Blow, Hiram Fitzgerald, Ryan Bowles
- ❀ Michigan Public Health Institute, Lisa Gorman, Danielle Guty
- ❀ Ann Arbor VA Healthcare System & UM Marcia Valenstein, Heather Walters
- ❀ University of Michigan, Michelle Kees, Susan McDonough, Kate Rosenblum
- ❀ Virginia Tech, Angela Huebner
- ❀ Michigan Veterans Affairs Agency, Tigi Habtemariam

APPENDIX E
MOMRP Presentation

Risk, Resiliency, and Coping in National Guard Families

PI-Adrian Blow, PhD
Michigan State University

Partnering PI-Lisa Gorman, PhD
Michigan Public Health Institute

Award Numbers: **W81XWH-12-1-0418** (MSU)

W81XWH-12-1-0419 (MPHI)

Award Period of Performance: **October 2012-September 2013**

Award Amount: **\$879,381** (MSU); **\$418,280** (MPHI)

Contract Officer Representative: **CAPT Angela Martinelli**

Co-PIs & Acknowledgements

Co-Investigators

Michelle Kees, PhD, UM
Angela Huebner, PhD, VPI
Marcia Valenstein, MD, UM
Ryan Bowles, PhD, MSU
Hiram Fitzgerald, PhD, MSU

Research Staff

Danielle Gutty, MPHI
Chris Jarman, MSU
Margaret Nyaku, MSU
Heather Walters, UM

National Guard

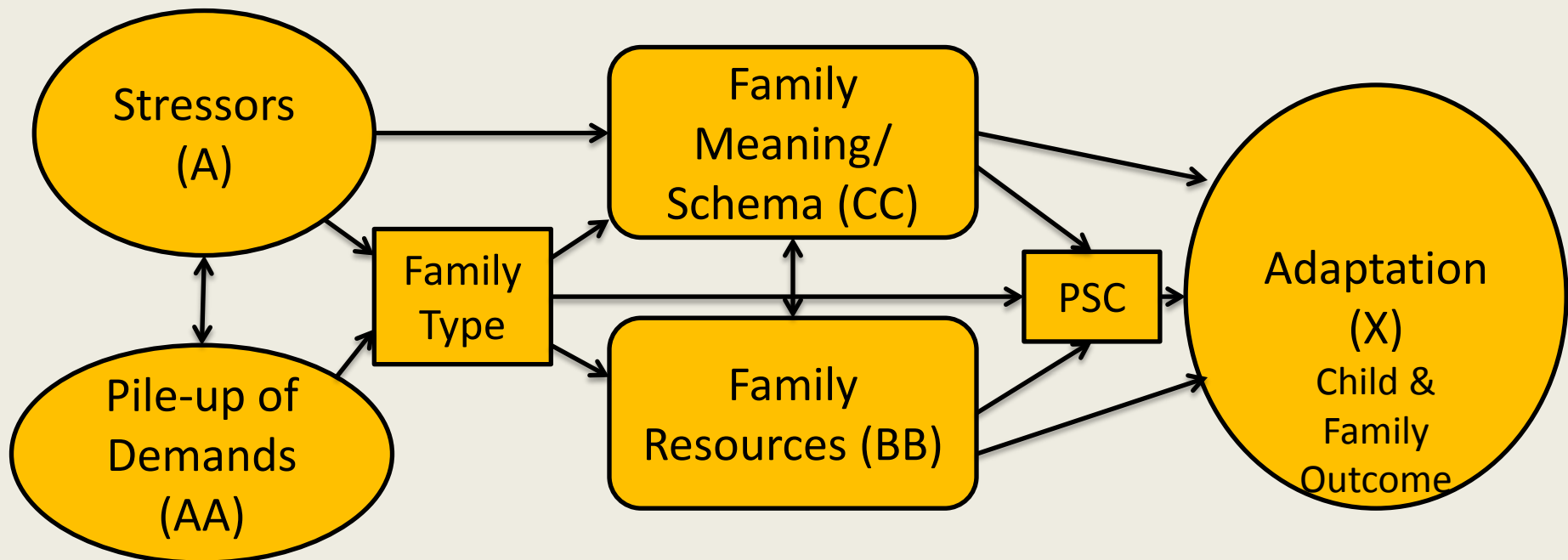
In particular we thank the service members and families of the Michigan National Guard along with the following leaders:

MG Gregory Vadnais, BG Burt Francisco, & CPT Nick Anderson

Study Background/Rationale

What led to the development of this study?

- Lack of evidenced-based family & community resilience programs for reserve component
- Longstanding collaboration with MI National Guard
- Need to refine and validate family resilience theories



Study Background/Rationale

How is it unique, what does it add?

1. Military family experience of those separated from active duty installations observed in National Guard sample
2. Data on service members linked to data on spouses and some parents
3. A focus on resiliency processes as a supplement to pathological outcomes
4. An understanding of various family typologies at various stages of the life-course

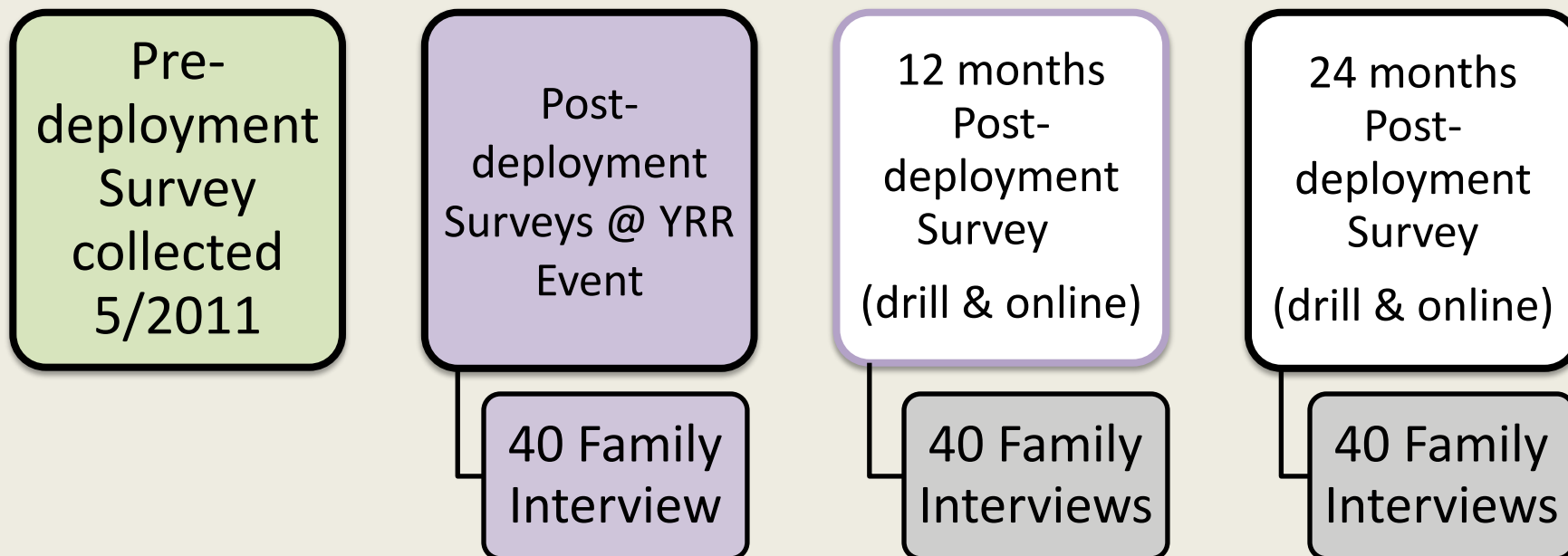
Research Questions(s)/Hypotheses

Aim 1: Test propositions found in the Family Resilience Model to validate and identify characteristics of risk and resiliency associated with NG service member and family adjustment.

- *Hypothesis 1: Psychological health outcomes of NG members are related to changes in family mental health (depression, PTSD, alcohol use, anxiety), family wellbeing (relationship satisfaction, parenting stress), child outcomes, and indicators of family resiliency (coping, optimism, life meaning, life stress) over time.*

Aim 2: Expand and refine the Family Resilience Model for application in evidence-based prevention and intervention programs for military families

Design & Methods



Survey Service Member, Spouses/Significant other, and Parents

- Unique self generated codes linked to SM and multiple waves
- Collected at reintegration events and drill weekends and online
- \$25 for each survey

Family Interviews with Subsample of 40 families

- 90 minute family interview conducted in home/community
- \$50 for each person

Measures

	Variable	Measurement
Stressors (A)	Deployment	Number, length, & combat exposure
	Parenting Stress	Parental Stress Scale
	Family Chaos	Confusion, Hubbub, and Order Scale
	Anxiety	Penn State Worry Questionnaire
	Depressive symptoms	Patient Health Questionnaire (PHQ-9)
	PTSD	PCL-M, PCL-C
	Alcohol Use (Time 1)	AUDIT
	TBI	Measured as in Hoge, et al.,
	Suicide Ideation	National Comorbidity Survey
Pile-up (AA)	Life Events	The Life Events Measure
Family Resources (BB)	Social support	Interpersonal Support Evaluation List
	Communication	39 items
	Unit Support (SM)	Unit Support Scale
	Outreach Activities	26 items

Measures

	Variable	Measurement
Family Meaning/ Schema (CC)	Global life satisfaction	Satisfaction With Life Scale (SWLS)
	Dispositional optimism	Life Orientation Test-R (LOT-R)
	Engaged in valued activities	The Life Engagement Test (LET)
	Perceived life stress	Perceived Stress Scale
	Barriers to care	Hoge et al and Gorman et al
Problem Solving and Coping (PSC)	Coping with life stress	Brief COPE
Adaptation (X)	Emotional and social development infants	Brief Infant-Toddler Social and Emotional Assessment (BITSEA)
	Child behavior assessment	Strengths and Difficulties Questionnaire (SDQ).
	Dyadic Adjustment	Revised Dyadic Adjustment Scale

Materials and Methods

Interview Protocol Areas of Interest	
A: Stressors	Changes the family associates with military life Normative & non-normative stressors
AA. Pile-up of Demands	II: Family perception of life stressor experience during the course of the study that were not associated with military life
BB: Family Resources	Identification of and use of resources and supports (formal and informal); includes coping strategies
CC: Family Meaning/Schema	View of family and role within family View of supports/resources Meaning of military service View of military family within context of community environment
PSC: Family Problem Solving & Coping	Family Perception of their ability to solve problems Coping strategies utilized by different members of the family
X: Adaptation	How are they doing? How have they changed? Surprises?

Analyses

Objective 1

- Latent difference score analysis
- Latent growth curve analysis & autoregressive approaches

Objective 2

- Ethnographic qualitative study of a subset of 30-40 families
- Qualitative content analysis used to structure and categorize data.

Study Progress

- **Contractual agreements**
 - Subcontracts (UM & Virginia Tech)
 - Data use agreement
- **IRB & HRPO approval**
- **SharePoint site**
- **Secure database**
- **Year 1 data collection**
 - 896 enrolled in study
 - 603 SM, 280 spouses, 13 parents of SM completed survey
 - Subsample of 40 families interviews
- **Data management**
 - Secure database
 - Online survey option
 - Year 1 data entry complete
 - Year 1 family interviews transcribed
 - Master codebook established
 - Data cleaning & integration in process
- **Data Analysis**
 - Descriptive
 - Coding of qualitative

Study Progress

Challenges:

- Ability to link survey responses are dependent on subjects remembering their responses to unique identifier questions
- VA partner collecting information from the same group of service members during time 2 (burden of time/SM)
- Distribute time 2 survey at drill weekend postponed due to government shutdown
- Very rich data set and could use additional staff time for dissemination during years 2 and 3

Expenditures to date:

- MPHI: \$161,079
- MSU: \$257,354

Deliverables in Year 1

Presentations

Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.

Hamilton, L. & Gorman, L. (April 2013). *Fostering innovation and partnerships to address emerging public health issues*. Presentation at the National Network of Public Health Institutes Annual Conference roundtable. New Orleans, LA.

Blow, A., Gorman, L. (August 2013). Report to National Guard. Presentation at Michigan National Guard Headquarters. Lansing, MI.

Next Steps

- Integration of quantitative and qualitative data
- Linking Pre-deployment data to current study data
- Continue data collection for Time 2 and 3
- Dissemination plan for year 2
 - Couples manuscripts (quantitative and qualitative)
 - Parenting/child outcomes manuscript
 - Meaning making manuscript
 - Family communication and deployment manuscript

Final Product for Stakeholders

- Understanding of resiliency processes
- Understanding of how coping responses protect against pathological outcomes
- Understanding of post deployment processes for reserve families and the development of interventions to support both service members and families through this time.